

General

Nursing

IV Fluids

Medications

VTE

Labs

General

<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Hematocrit	Once, Starting S For 1 Occurrences
<input type="checkbox"/>	Hemoglobin	Once
<input type="checkbox"/>	Platelet count	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	BUN	Once
<input type="checkbox"/>	Creatinine	Once
<input type="checkbox"/>	Calcium	Once
<input type="checkbox"/>	Ionized calcium	Once
<input type="checkbox"/>	Phosphorus	Once
<input type="checkbox"/>	Magnesium	Once
<input type="checkbox"/>	Amylase	Once
<input type="checkbox"/>	Lipase	Once
<input type="checkbox"/>	Bilirubin, direct	Once
<input type="checkbox"/>	Bilirubin, total	Once
<input type="checkbox"/>	GGT	Once
<input type="checkbox"/>	C-reactive protein	Once
<input type="checkbox"/>	FK506 Tacrolimus level, random	Once
<input type="checkbox"/>	CLO test	Once, Biopsy
<input type="checkbox"/>	Cyclosporine level, random	Once
<input type="checkbox"/>	Protein electrophoresis, serum	Once
<input type="checkbox"/>	CK isoenzymes	Once
<input type="checkbox"/>	Erythropoietin	Once
<input type="checkbox"/>	Sedimentation rate	Once
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

General - HMSJ

<input type="checkbox"/>	CBC and differential	Once
<input type="checkbox"/>	Hematocrit	Once, Starting S For 1 Occurrences
<input type="checkbox"/>	Hemoglobin	Once
<input type="checkbox"/>	Platelet count	Once
<input type="checkbox"/>	Comprehensive metabolic panel	Once
<input type="checkbox"/>	Basic metabolic panel	Once
<input type="checkbox"/>	BUN	Once
<input type="checkbox"/>	Creatinine	Once
<input type="checkbox"/>	Hepatic function panel	Once
<input type="checkbox"/>	Amylase	Once
<input type="checkbox"/>	Erythropoietin	Once

<input type="checkbox"/>	Sedimentation rate	Once
<input type="checkbox"/>	Lactate dehydrogenase, LDH	Once
<input type="checkbox"/>	Lipase	Once
<input type="checkbox"/>	Bilirubin, direct	Once
<input type="checkbox"/>	Bilirubin, total	Once
<input type="checkbox"/>	GGT	Once
<input type="checkbox"/>	Magnesium	Once
<input type="checkbox"/>	Calcium	Once
<input type="checkbox"/>	Urinalysis with microscopic	Once
<input type="checkbox"/>	C-reactive protein	Once
<input type="checkbox"/>	FK506 Tacrolimus level, random	Once
<input type="checkbox"/>	CLO test	Once, Biopsy
<input type="checkbox"/>	Cyclosporine level, random	Once
<input type="checkbox"/>	Protein electrophoresis, serum	Once
<input type="checkbox"/>	Phosphorus	Once
<input type="checkbox"/>	CK isoenzymes	Once
<input type="checkbox"/>	Prealbumin	Once
<input type="checkbox"/>	Prothrombin time with INR	Once
<input type="checkbox"/>	Partial thromboplastin time	Once
<input type="checkbox"/>	PTH-related peptide	Once
<input type="checkbox"/>	Rheumatoid factor	Once
<input type="checkbox"/>	Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

Metabolic

<input type="checkbox"/>	Hemoglobin A1c	Once
<input type="checkbox"/>	Lipid panel	Once
<input type="checkbox"/>	Testosterone	Once
<input type="checkbox"/>	TSH	Once
<input type="checkbox"/>	T3	Once
<input type="checkbox"/>	T4	Once
<input type="checkbox"/>	Ferritin	Once
<input type="checkbox"/>	Iron	Once
<input type="checkbox"/>	Total iron binding capacity	Once
<input type="checkbox"/>	PSA	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/>	Transferrin	Once
<input type="checkbox"/>	Ceruloplasmin	Once
<input type="checkbox"/>	Cryoglobulin screen with reflex to quantitation and immunofixation	Once
<input type="checkbox"/>	Alpha-1-antitrypsin	Once
<input type="checkbox"/>	Alpha-1 antitrypsin phenotype	Once
<input type="checkbox"/>	Uric acid	Once
<input type="checkbox"/>	Vitamin A	Once
<input type="checkbox"/>	Vitamin B12	Once
<input type="checkbox"/>	Folate	Once
<input type="checkbox"/>	Vitamin D 25 hydroxy	Once
<input type="checkbox"/>	Vitamin E	Once
<input type="checkbox"/>	Zinc	Once
<input type="checkbox"/>	GGT	Once
<input type="checkbox"/>	Haptoglobin	Once
<input type="checkbox"/>	Troponin T	Once
<input type="checkbox"/>	CK total	Once
<input type="checkbox"/>	Carnitine, free and total	Once
<input type="checkbox"/>	B-type natriuretic peptide	Once
<input type="checkbox"/>	Ammonia	Once

<input type="checkbox"/> Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Viral Workup - HMMH

<input type="checkbox"/> HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Hepatitis A antibody, total	Once
<input type="checkbox"/> Hepatitis A antibody, IgM	Once
<input type="checkbox"/> Hepatitis B surface antibody	Once
<input type="checkbox"/> Hepatitis B surface Ab, quantitative	Once
<input type="checkbox"/> Hepatitis B surface antigen	Once
<input type="checkbox"/> Hepatitis B core antibody, total	Once
<input type="checkbox"/> Hepatitis B core antibody, IgM	Once
<input type="checkbox"/> Hepatitis B e antibody	Once
<input type="checkbox"/> Hepatitis B e antigen	Once
<input type="checkbox"/> Hepatitis B virus (HBV), quantitative PCR	Once
<input type="checkbox"/> Hepatitis C antibody	Once
<input type="checkbox"/> Hepatitis C genotype	Once
<input type="checkbox"/> Hepatitis C virus (HCV), quantitative PCR	Once
<input type="checkbox"/> Hepatitis delta virus	Once
<input type="checkbox"/> Hepatitis delta virus (HDV) Ab, IgM	Once

Viral Workup - HMB, HMCL, HMWB, HMW, HMSL, HMTW

<input type="checkbox"/> Cytomegalovirus antibody, IgG	Once
<input type="checkbox"/> Cytomegalovirus antibody, IgM	Once
<input type="checkbox"/> Cytomegalovirus (CMV), PCR	Once Specimen Source: Plasma
<input type="checkbox"/> Cytomeg IgG/IgM	Once
<input type="checkbox"/> Epstein-Barr virus antibody test	Once
<input type="checkbox"/> Epstein Barr Virus (EBV) by PCR	Once Specimen Source: Plasma
<input type="checkbox"/> HIV 1/2 antigen/antibody, fourth generation, with reflexes	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Hepatitis A antibody, total	Once
<input type="checkbox"/> Hepatitis A antibody, IgM	Once
<input type="checkbox"/> Hepatitis B core antibody, IgM	Once
<input type="checkbox"/> Hepatitis B core antibody, total	Once
<input type="checkbox"/> Hepatitis B e antibody	Once
<input type="checkbox"/> Hepatitis B e antigen	Once
<input type="checkbox"/> Hepatitis B surface antibody	Once
<input type="checkbox"/> Hepatitis B surface Ab, quantitative	Once
<input type="checkbox"/> Hepatitis B surface antigen	Once
<input type="checkbox"/> Hepatitis B virus (HBV), quantitative PCR	Once
<input type="checkbox"/> Hepatitis C antibody	Once
<input type="checkbox"/> Hepatitis C genotype	Once
<input type="checkbox"/> Hepatitis C virus (HCV), quantitative PCR	Once
<input type="checkbox"/> Hepatitis delta virus	Once
<input type="checkbox"/> Hepatitis delta virus (HDV) Ab, IgM	Once
<input type="checkbox"/> Hepatitis E virus Ab, IgG by ELISA	Once
<input type="checkbox"/> Hepatitis E virus Ab, IgM by ELISA	Once
<input type="checkbox"/> Herpes simplex virus, PCR	Once Specimen Source: Plasma

Autoimmune Workup

<input type="checkbox"/>	Smooth muscle antibodies with reflex to titer, IFA	Once
<input type="checkbox"/>	Gliadin peptide Abs, IgA and IgG	Once
<input type="checkbox"/>	Tissue transglutaminase, IgA	Once
<input type="checkbox"/>	Tissue transglutaminase, IgG	Once
<input type="checkbox"/>	Liver-kidney microsome Ab, IgG	Once
<input type="checkbox"/>	Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence	Once
<input type="checkbox"/>	Anti mitochondria screen	Once
<input type="checkbox"/>	Immunoglobulin G	Once
<input type="checkbox"/>	Immunoglobulin A	Once
<input type="checkbox"/>	Immunoglobulin M	Once
<input type="checkbox"/>	Immunoglobulin E	Once

Cancer Workup

<input type="checkbox"/>	Alpha fetoprotein	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.)
<input type="checkbox"/>	CEA	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.)
<input type="checkbox"/>	Cancer antigen 19-9	Once
<input type="checkbox"/>	CA 125	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.)
<input type="checkbox"/>	Chromogranin A	Once
<input type="checkbox"/>	Gastrin	Once

Copper Studies

<input type="checkbox"/>	Ceruloplasmin	Once
<input type="checkbox"/>	Copper, serum	Once
<input type="checkbox"/>	Copper, urine	Once

Stool Studies

<input type="checkbox"/>	Occult blood, stool	Conditional Frequency For 3 Occurrences, Stool When specimen available
<input type="checkbox"/>	Stool culture	Once For 1 Occurrences, Stool
<input type="checkbox"/>	Ova & Parasites-Concentrated Examination	Once, Stool
<input type="checkbox"/>	Fecal lactoferrin	Once, Stool
<input type="checkbox"/>	Giardia antigen	Once, Stool
<input type="checkbox"/>	Potassium, stool	Once, Starting S For 1 Occurrences, Stool
<input type="checkbox"/>	Sodium, stool	Once, Starting S For 1 Occurrences, Stool
<input type="checkbox"/>	Fecal fat, qualitative	Once, Stool
<input type="checkbox"/>	Cryptosporidium antigen, stool	Once, Stool
<input type="checkbox"/>	Porphyrin, total	Once
<input type="checkbox"/>	C difficile toxin / Gastrointestinal panels	
<input type="checkbox"/>	Enteric pathogen panels	
<input type="checkbox"/>	Enteric bacterial panel - Campylobacter spp., Enterotoxigenic E. coli (ETEC), Shigella spp./EIEC, Shiga-toxin producing E. coli (STEC), Salmonella spp., Shigella dysenteriae, P. shigelloides, Vibrio, Y. enterocolitica	Once, Stool
<input type="checkbox"/>	Enteric parasitic panel - G. lamblia, Cryptosporidium, E. histolytica	Once, Stool
<input type="checkbox"/>	Enteric viral panel - Norovirus GI & GII, Rotavirus A, Adenovirus F40/41, Sapovirus (genogroups I, II, IV, V), Human Astrovirus (hAstro)	Once, Stool
<input type="checkbox"/>	C difficile toxin / Gastrointestinal panel (Single Response)	

() C difficile toxin		"And" Linked Panel
<input type="checkbox"/> Clostridium difficile toxin gene (Qualitative Real-Time PCR)	Once, Stool	Reason to order: Risk factors:
<input type="checkbox"/> Discontinue C diff order if not collected in 3 days	Routine, Until discontinued, Starting H+72 Hours	This order only exists to discontinue a C diff order if it has not been collected in 3 days.
There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.		

() Gastrointestinal panel		"And" Linked Panel
<input type="checkbox"/> Gastrointestinal pathogens panel, PCR	Once, Stool	
<input type="checkbox"/> Discontinue GI panel order if not collected in 3 days	Routine, Until discontinued, Starting H+72 Hours	This order only exists to discontinue a GI panel order if it has not been collected in 3 days.
There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.		

Patient has been an inpatient for greater than 3 days. C difficile testing is appropriate for new onset diarrhea. Gastrointestinal Panel testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

[] C difficile toxin		"And" Linked Panel
<input type="checkbox"/> Clostridium difficile toxin gene (Qualitative Real-Time PCR)	Once, Stool	Reason to order: Risk factors:
<input type="checkbox"/> Discontinue C diff order if not collected in 3 days	Routine, Until discontinued, Starting H+72 Hours	This order only exists to discontinue a C diff order if it has not been collected in 3 days.
There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.		

Patient has received a laxative, enema or medication with laxative effect. C. difficile or Gastrointestinal panel testing is not appropriate until laxative medication has been discontinued for 48 hours. If you have questions, please call the Microbiology Laboratory at 713-441-0330.
@LAXPRINTGROUP@
@ENEMAPRINTGROUP@

<input type="checkbox"/> Fecal lactoferrin	Once, Stool
<input type="checkbox"/> Fecal calprotectin	Once, Stool

Patient had a previous positive C. difficile / Gastrointestinal panel in the prior 14 days. Repeat C. difficile or Gastrointestinal panel testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330.
@LASTLAB(CDIFFTOX,GASTROPANEL)@

<input type="checkbox"/> Fecal lactoferrin	Once, Stool
<input type="checkbox"/> Fecal calprotectin	Once, Stool

C. difficile toxin has been ordered or resulted negative in the past 72 hours. Repeat testing is not indicated at this time.

<input type="checkbox"/> Fecal lactoferrin	Once, Stool
<input type="checkbox"/> Fecal calprotectin	Once, Stool

<input type="checkbox"/> Enteric precautions	
<input type="checkbox"/> Enteric isolation status	Details

Misc Referral Lab Test

<input type="checkbox"/>	Hemochromatosis (HFE) 3 mutations	Once
<input type="checkbox"/>	Hepatitis B virus DNA, Qualitative	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): Hepatitis B virus DNA, Qualitative
<input type="checkbox"/>	DCP (PIVKA II)	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): DCP (PIVKA II)
<input type="checkbox"/>	AFP-L3%	Once Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.): AFP-L3%

Microbiology

<input type="checkbox"/>	Blood culture x 2	"And" Linked Panel
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/>	Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Cardiology

Imaging

MRI/MRA

<input type="checkbox"/>	MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Gadolinium contrast
<input type="checkbox"/>	MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 EOVIST contrast
<input type="checkbox"/>	MRI Cholangiogram (aka MRCP)	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	MRI Enterography w wo contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

CT

<input type="checkbox"/>	CT Abdomen Pelvis W Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/>	CT Abdomen Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel Ordered as secondary option for those with iodine allergies.
<input type="checkbox"/>	CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
<input type="checkbox"/>	CT Abdomen WWO Pelvis W Contrast (Omnipaque)	"And" Linked Panel For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

<input type="checkbox"/>	CT Abdomen WWO Contrast, Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 {Protocol:32688}
<input type="checkbox"/>	iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
<input type="checkbox"/>	CT Abdomen W Wo Contrast (Liver Protocol)	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CT Abdomen W Wo Contrast (Pancreas Protocol)	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	CT Abdomen W Wo Contrast (Cholangiocarcinoma Protocol)	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Cholangiocarcinoma protocol
<input type="checkbox"/>	CT Enterography	Routine, 1 time imaging, Starting S at 1:00 AM For 1

X-Ray

<input type="checkbox"/>	XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	XR Abdomen Acute Inc Chest 1 View	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Ultrasound

<input type="checkbox"/>	US Abdomen Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Abdominal Limited	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Abdominal Doppler	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Abdominal with Liver Elastography	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	US Liver with Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Lumason contrast
<input type="checkbox"/>	US Liver Biopsy	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	IR Transjugular Liver Biopsy	Routine What is the expected date for Procedure? Is the patient pregnant? What is the patient's sedation requirements? Physician contact number: Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

<input type="checkbox"/>	Modified Barium Swallow Panel with Speech Consult	"And" Linked Panel Please do not REMOVE SLP eval and treat order from this panel. Speech therapy is REQUIRED for imaging for Barium Swallow.
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<input type="checkbox"/>	Modified Barium Swallow	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
<input type="checkbox"/>	SLP eval and treat	Reason for SLP? Modified Barium Swallow MUST be ORDERED in tandem with Imaging order.

<input type="checkbox"/>	Abdominal paracentesis by Radiology	
<input type="checkbox"/>	US Abdominal Paracentesis Imaging	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/>	Amylase level, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Glucose level, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	LDH, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Protein, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/>	Cell count and differential, body fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs

<input type="checkbox"/> Albumin, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Creatinine level, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Triglycerides, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Bilirubin total, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> pH, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Lipase level, misc fluid	Once, Body fluid Specimen Source: Paracentesis Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Flow cytometry evaluation	Once Panel: Specimen Type: Fluid Reason for evaluation: Specimen to be drawn in Interventional Radiology area. - Paracentesis, Imaging Proc. Labs
<input type="checkbox"/> AFB stain	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> AFB culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Aerobic culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Anaerobic culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Gram stain only	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Mycoplasma pneumoniae by PCR	Once Specimen Source: Peritoneal Fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Fungus culture	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Fungus smear	Once, Peritoneal fluid Specimen to be drawn in Interventional Radiology area., Imaging Proc. Labs
<input type="checkbox"/> Cytology (non-gynecological) request	A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.

Other Studies

Other Diagnostic Studies

<input type="checkbox"/> US Liver Biopsy	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CT Needle Biopsy	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

<input type="checkbox"/> Consult to Case Management	Consult Reason:
<input type="checkbox"/> Consult to Social Work	Reason for Consult:
<input type="checkbox"/> Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound?
<input type="checkbox"/> Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult:
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult:
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

Additional Orders